VERBATIM PROCEEDINGS

DEPARTMENT OF PUBLIC HEALTH

# CONNECTICUT HEALTH INFORMATION TECHNOLOGY AND EXCHANGE

DR. THOMAS AGRESTA, CHAIRPERSON

MAY 21, 2012

101 EAST RIVER DRIVE
EAST HARTFORD, CONNECTICUT

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. . .Verbatim proceedings of a meeting in the matter of Connecticut Health Information Technology and Exchange, held at 101 East River Drive, East Hartford, Connecticut on May 21, 2012 at 4:43 P.M. . . . .

CHAIRPERSON THOMAS AGRESTA: After the call to order we have the Board of Director's minutes -- meeting minutes from April 14th. Who's joining us please?

DR. JEWEL MULLEN: Hi, it's Dr. Mullen.

CHAIRPERSON AGRESTA: Hi Dr. Mullen. I hope you're driving hands free.

DR. MULLEN: I totally am, thank you.

CHAIRPERSON AGRESTA: Alright, safety first.

MR. DANIEL CARMODY: And if not, you'd be busted here right now.

CHAIRPERSON AGRESTA: Dr. Mullen, we have almost all of the Board members here. It's actually probably the fullest meeting we've had in quite some time.

DR. MULLEN: Great.

CHAIRPERSON AGRESTA: Um --

DR. MULLEN: Well, I was going to listen and just let you go on and lead the meeting.

CHAIRPERSON AGRESTA: That sounds fine, any time you want to jump in just let us know.

DR. MULLEN: Thank you.

CHAIRPERSON AGRESTA: So I guess the first thing on the agenda then is really to get a motion for approval of the minutes from April 14th.

MS. BETTYE JO PAKULIS: So moved.

MR. MARK MASSELLI: Second.

CHAIRPERSON AGRESTA: Bettye Jo moved and seconded by Mark. All in favor?

VOICES: Aye.

MS. MEG HOOPER: And which Mark please?

CHAIRPERSON AGRESTA: Mark Masselli. That's good and we have --

MS. HOOPER: And we have Mark Heuschkel too.

CHAIRPERSON AGRESTA: -- that's true, I will make sure I will kind of make -- use my eyes and use my words so that you can record things appropriately.

MS. HOOPER: You know I appreciate it Tom, thank you.

CHAIRPERSON AGRESTA: Okay. So that -- the

minutes were -- oh wait anyone opposed and any abstentions? Alright, so unanimously approved. The next agenda item is the Board business, the HITE/CT Board business. And the first component of that is the Treasurer's report. So in keeping with that, we currently have an account with Webster. We have two components to that account. In the main account we have $961,713.43 in the escrow account; for retirement we have $34,770.60, for a total bank account assets of $996,484.03.

We have liabilities for this month in terms of accounts payable of $1,043,430.15, so at this point we have a net income in total equity that is minus $46,946.12. So we have our first negative accounting for HITE/CT, and our total liabilities and equity -- actually, that's the same as our total assets at $996,484.03. Any other questions or requests for that?

MR. DANIEL CARMODY: So Tom, I think that it's fair to explain that the reason why we have -- we still have cash of million liabilities or more is because we are holding up payment on some of the venders?

CHAIRPERSON AGRESTA: Yeah, so as Dan raised the reason why we have cash in the bank but our total liabilities exceed that cash is that we have outstanding invoices for Axway's services of $994,268.75

and some outstanding bills also for personal services for our attorneys and our staff.

MS. BRENDA KELLEY: Excuse me Tom, so could you repeat that again?

CHAIRPERSON AGRESTA: Which part would you like repeated Brenda?

MS. KELLEY: The -- we're holding up for Axway how much money?

CHAIRPERSON AGRESTA: Well, right now we have invoices that haven't been fully held up--

MS. KELLEY: Right.

CHAIRPERSON AGRESTA: --but we have invoices of $994,268.75.

MS. KELLEY: Okay. And then there are other venders that are also not getting paid? Or um --

CHAIRPERSON AGRESTA: These are just the invoices. David, do you want to explain a little bit more?

MR. DAVID GILBERTSON: Not necessarily not getting paid, I mean they --

MS. KELLEY: They will get paid though.

MR. GILBERTSON: -- they're in accounts payable.

MS. KELLEY: Okay.

MR. GILBERTSON: They may be less than 30 days old. They may still be in -- most of them except for the ones that we're holding with the Axway, they're all in that first -- they're all in the normal 30-day period --

MS. KELLEY: Oh, okay.

MR. GILBERTSON: -- they just haven't -- I haven't processed them yet -- um --

MS. KELLEY: Okay, great. Alright.

MR. GILBERTSON: -- great.

CHAIRPERSON AGRESTA: Any other clarifying questions at all? Alright. So moving on to the next agenda items there's other business for the HITE/CT Board but we really don't have any specific other business on our agenda at the moment.

We do have the HITE/CT Agency business, the first of which is the CEO report. And David has prepared a handout for each of us here. Unfortunately Meg, I don't know that you have gotten a copy of this but he's got a handout and some slides that he's going to um --

MR. GILBERTSON: I'll bring it with the cake.

CHAIRPERSON AGRESTA: -- he said he'll bring it with the cake.

MS. HOOPER: Alright. And again David, I'm

sure you'll send it electronically to the Board members not available tonight.

MR. GILBERTSON: Yes.

CHAIRPERSON AGRESTA: Yes. Can you -- by the way, can you on the phone hear David? There's a -- I don't know that there's a -- we don't have a separate mike today for the phone so I'm going to move the phone. You may hear a little bit of jostling as I move it.

MR. GILBERTSON: Okay, thank you. And I wanted to first introduce John DeStefano, who's hovering in the corner here. John is our recent hire for the HITE/CT. He is our Chief Technology Officer. We are very fortunate that John has joined us. He has -- this is his third go around with HIE and he comes from Hartford Health Care and he's of course was part of the DSS pilot that was put in place here in Connecticut. So John, welcome --

MR. JOHN DeSTEFANO: Thank you.

MR. GILBERTSON: -- we're excited to have you. So today was our first day for John to start and we also had a technical readiness review with Axway. So also with us today are some of our partners from Axway in the back. I don't know if they want to stand up and be recognized but -- and they have -- we've been working all day to go through our implementation to make sure that we

all understand what's technically ready, where are we at, where is this program -- you know, when are we ready to launch.

Tomorrow will be another session and tomorrow, based on some of the information we're going to discuss today, may allow us to really focus in on a new revised scope of what we're going to try to do here with our current resources. So with that, I'd like to just give you an update. I put together this update to the Board, and I apologize to those on the phone who didn't get it electronically. It's been a hectic day. I will get that out to you right away. The report I'm going to - I'm not going to through it. It's just sort of an update, you can have it for reading, but I will go through the slide deck, okay.

Alright so to give you an idea of where we're at, we have been working very hard with Axway to try to put together all the components that we needed to do the full query and retrieve Health Information Exchange. So from a technology perspective, what that really means is we've had to take GE products, Netscape products and Axway products and put them together in such a way to support what we envision to be our primary use cases. And so we set up -- you know, these are the use cases that we

have. Let's assemble these technologies together, get them all to work together and to flow, and then to test these technologies with some of the primary EMR venders like Allscripts and e-EClinicalWorks, and then to get this whole technology stack working.

To Axway's credit, they have done that. It's been -- I think we've all learned a lot in the process. It's not as easy as it sounds and there's been a lot of back and forth with the different venders involved, not just our partners but with the EMR venders in trying to make sure we can get all the technology working together. We're at a point where it's mostly built. It's up and running in what we're calling staging, which is our pre-production Department. And we've pretty much built out the production server so they're ready -- the production servers are ready. We haven't moved all the software over yet, but they're ready. What's not been done is we really have not done operational testing, and that is putting this from end to end testing in production as we envision it really working in a production environment. And then we're finding, of course as we've talked about a lot, the HIEs are 10 percent technology and 90 percent business process and the work associated with supporting an HIE.

Primarily around issues like how are going to really handle some of the workflow issues? How are we going to really implement some of these technologies so that we can copulate the data and maintain the data? In particular think about the MPI, and the MPI is an enterprise master page index. Most hospitals have two to three people full-time, that's all they do is try to keep their MPI clean and keep patient information accurate. So we're now trying to take that from 34 hospitals and X number of providers and all mesh it together and think about how we're going to maintain that. And so some of that has to be forked out. That's not a simple problem and it's not an inexpensive problem.

That provider directory, another example of hundreds of thousands of dollars -- millions of dollars are spent around the country probably in Connecticut alone just trying to keep a very simple directory of who all the real providers are. The insurance companies do it, all the hospitals do it, you know, pretty much Allscripts does it, all the labs have to do it. Everybody has to do this and they're all trying to do the same thing and it's costing millions and millions of dollars just to keep track of who's who. We can stand up a provider directory, the technology is there. But how do we make it such that

we can maintain it, maintain it so it's accurate and then provide that as a service to whoever needs it and that's really the challenge that we have. It's not a technology challenge it's really much more of a data challenge and process challenge.

The HITE/CT has been working really well with CHC, Middlesex Hospital, I know some work with Asylum Hill and a little bit of work with Pro Health to flush out a lot of these technology issues and working with them as early pilot sites in trying to make sure that -- and they've been very cooperative in terms of their venders on their side, whether it be eClinicalWorks, Allscripts or GE, have to participate. And that means they have to have people on the ground working with us to test this integration between their products and our product. That doesn't come for free always and so these organizations have had to really invest time and in some cases maybe some resources to get these venders to the table. And so we really appreciate that. That's not -- we overlook that sometimes but that's the level of commitment we have I think from these folks that are working with us and we appreciate it.

As you know, I think from early on in my time here I think we've identified the fact that we have

some serious challenges with cash flow. We have a schedule of payments that are by contract are due to Axway. We have operational costs, which means we have an organization that we're trying to stand up so we have to hire people, we have to get offices, we have to get equipment, these are costs -- we have legal fees, we have technical consulting fees, you know, you name it. So like any other organization, we have to stand up an HR Department, we have to stand up an accounting ability because if we're going to issue bills and collect payments, and so these are all expenses that we have.

The challenge we've always had is that a lot of the business model and the sustainability model was based on generating revenue early in this program, which means -- you know, we were supposed to have been generating revenue as early as September of last year. We didn't even have the contract signed until September of last year. This is not simple technology. There are states that have been working for four to five years just to get secure messaging to work. They don't even try to do some of this other stuff yet. Some of them are but most of them are not. So our challenge really was that so much of our cash flow was dependent on early revenue that we don't have. So we have to make some changes, we have

to make some adjustments.

John Brady and the CHA have been very supportive. We've had now three meetings in the last three weeks with the hospital CIOs and -- you know, long meetings. These were an hour and a half, two hour meetings, and we really are trying to work out something that helps us to exactly what are the hospital's desires. What do they want from an HIE early on? How do we get them to buy into our strategy and to make sure that we have a commitment because if we're going to something different we have to do it with a commitment. We cannot go forward on a different path without that commitment to say we're going to make this work and we all agree that this is what we're going to do. We need to deliver but then we need that commitment to be there as well.

And I think we've worked really well -- I think I've got a fairly good handle on I think what the hospitals are asking for and I'll share that with you. And we need to do the same thing with the provider groups, the large groups, the Pro Health's, CHCs, the insurance companies, preferably we get everybody to the table and we get everybody to commit but at the same time if that's not possible I need to get down to a similar type of forum with each of these key stakeholder groups to say here's

what we plan on doing, are you in and will you commit to this bBecause that's the only way that we're going to be able to reasonably go back to Axway and say we got a plan. We need a plan.

HITE/CT, I have -- early on last month I said well for sure we're going to have to get secure messaging up. So we moved that from the back burner to the front burner. Last month the Axway team has been working hard to get that first layer of secure messaging working with the anticipation that we would have to shift course. And so that's kind of where we're at today. This is only important -- this is the HIT strategy. Early on -- I think ONC has four models and I think it's clear that the model that we are looking to implement here in Connecticut, and I think it's still the right model for Connecticut given the dynamics of what's going on in Connecticut, is this statewide entity robust HIE.

Some of the prerequisites of course is broad buy-in from stakeholders, well developed management and staff capabilities, which -- you know, frankly we're not there yet. I mean, we're a very immature startup company really, but we'll mature fast. We'll get there. It's nice to already have a retail connection to the end users so you're already providing them a service. You

already know who they are, they already know who you are, there's a relationship, now you're adding a new service to it. We don't have that but that's okay, we can deal with that. And then funding support, either through policy or State government, and I think these were -- this came out from ONC in February of 2011.

The other approach is sort of this orchestrator, thin layer network connectivity approach where you connect sub exchanges throughout the state. A lot of states like Texas, that's what they're doing. Their HIE -- their statewide HIE is a connector, they're connecting HIEs that already exist within their state. And then there's other approaches, these are all important approaches. Some states are doing them, most states are doing the orchestrator sort of thin layer approach to start with and then they're building -- they're trying to layer on some of these public utility type of services.

Okay, so our current approach as you know was we were going to baseline -- the base of it of course was moving the data, data in motion as Axway would say. That's their core competency, that's what they do. They do it for banking, they do it for health care, they do it for manufacturing, every industry. And they build this capability to move data, to transform data to connect

people securely. That is the baseline foundation. Everything above that was built through partnership that Axway had established in order to bid on the RFP for HITE/CT. So to do the provider directory, the master patient index, the document index, the document repository, single sign-on provider portal, these are all products offered by their partners, GE, Netscape and CA, okay. So that is all new integration work. That entire stack has never been, to my knowledge, put together in this way before so all of that's new integration work, that's all new effort.

So I think we talked -- last Board meeting we said well what's our punch list for full HIE go-live? And obviously we need a participation agreement, we need to know what we're going to charge and we need to have people willing to pay that fee. I think there was holes in our consent process. We needed to make sure -- even today, we went through it today with Axway. It's still not flushed out on how a consent is going to work in terms of not what the consent policy is but how are we going to implement it. How are we actually going to train and get all the people and workflow to work together so that it all rolls out. And then the process for -- you know, we didn't really have a way to manage the MPI. We hadn't

really completed full testing of EMR products. Although we've been working hard with Allscripts and eClinicalWorks we're still not fully tested with those products.

We've not done any operational testing, that has to be done. We really don't know how we're going to provide customer support yet. We have a lot of ideas. We started today and tomorrow we'll be talking more with Axway about who's going to provide what support, who are our customers going to call, how are those calls going to be routed, how are we going to manage the ticketing system to make sure we close them out and answer them and we provide good customer support. We need billing and accounts receivable. You know, obviously I'm able to keep up right now with financial transactions in the CFO role. But I can't do that once we have customers that we have to bill and collect and we have to pay and we have to record transactions. I don't think you want me doing that so we need to find a solution. We need to stand up that capability.

We of course have grant reporting, grant management responsibilities and then this on-boarding process, how do we actually bring on new customers. So all of that still has to be worked out. We're in various stages of working each of these out. We try to work in

parallel as much as we can, but we're not done with all of these and it's no embarrassment to say we're not done. These are issues that all the states are struggling with and many have been struggling with for four, five, six years. So we're okay. I mean, we're doing good we're just not there yet for full go-live. So what do we do? We go back to what does ONC want us to do. ONC wants us to be able to exchange summary of care documents, laboratory results, e-prescribing and Public Health reporting. They do not encourage nor do they require a query and retrieve HIE. They really are pushing this thing called direct. Direct is a secure messaging protocol that allows you to move messages from point to point.

So Middlesex Hospital to Pro Health, Pro Health to Hartford Hospital, these transactions move whatever documents whether it be a summary of care, a lab result or from a provider's office, a small provider's office to a hospital or a hospital to a primary care provider as a follow-up document discharge summary. It supports the goal of ONC. It gives you health information exchange. It builds the foundation for layering on this additional complexity. What it also provides is fewer operational issues because you're just basically replacing

a fax machine so -- with much more advanced technology and the ability to do something with that once you have electronic systems on both ends.

But you don't have to really worry about patient notification, consent, all that stuff is not a factor because you're doing point to point. The consent is, I am sending it to this -- I'm sending this patient's information to that location for care as if I would have faxed it or called them. So it's the same model. It helps a lot with the operational issues. It gets us deployed and it gets us on the ground. Some of the cons, of course it does not offer that full longitudinal patient record, so I can't go in -- you know, that information is point to point. It's transient it's not -- it doesn't persist so if that -- if you're not part of that initial communication that information is not available to you.

So an ER -- emergency room in a hospital that was not part of that original transaction would never have knowledge of that transaction because it's not something they can go find. And I think that's the big thing that we lose is we lose that ability to really have that longitudinal patient record and the ability to query and find information on patients against an HIE which is still -- we need to do that we just need to figure out how

we're going to get there. It would delay the EMPI, document index and repository. Of course we built -- over the last six months Axway has built quite a knowledge base and quite a level of experience and expertise in the product sets and what we've done to integrate those. So if we shelve those for any period of time we might lose some of that intellectual capital.

And, you know, we're not offering as much capability so you might say we may not be able to generate as much revenue so it has an impact on the revenue cycle potentially. And I think if we do it right we'll still have a workable business model. Any questions about that? Concerns? No?

MR. CARMODY: So Dave, what you're saying is is that one of the things that we have -- a current model that says we have a lot of stuff that we're all in on and this is sort of the version that says wait a minute, we're going to re-trench because re-trenching this would be a possible --

MR. GILBERTSON: Correct.

MR. CARMODY: -- this would be a possible approach.

MR. GILBERTSON: Right, right. So looking at it this is -- our current approach is on the right.

What I'm suggesting this would look like is the initial release would actually come all the way up through the first two layers. I had it stopping at Public Health reporting. After meeting with the CIOs on Friday they really want a provider directory and they see a lot of value in that. And so I think that -- I think that needs to be part of release one. If that large constituency which really manages many of the provider's information anyway is invested in it, then I think we should add that.

And I think like I said from a technology perspective we've already got it. Now if we can get the hospitals and insurance companies -- whoever might use this provider directory, Public Health, whoever, get together and figure out how we're going to populate and maintain it. We have a statewide resource that I think will start to if we leverage it correctly give immediate payback because now people don't have to -- all these organizations don't have to do this all themselves every time and duplicate effort over and over. The same with -- you know, and we're not there yet but the next layer, the next leverage point would be the master patient index.

Well think about everybody trying to keep -- all these three point -- we're all trying to keep the same 3.2 million people straight, right. So if we kept it

straight one time when we all used it then we don't all have to try to do it again. And so think about how do you now leverage that to say what's our real value in trying -- what services can we provide. Now you start talking about now you can do document imaging, you can send in and store documents, you can start to add these other capabilities over time as your resources allow. Questions about that?

CHAIRPERSON AGRESTA: Dave, one of the things that you shared with the Executive Committee and that we reviewed and re-looked at again was that this was in fact the strategy that was presented to us as a suggested strategy even when we had the original report from Gartner kind of laying that out. They actually suggested this kind of phased approach as well.

And I think that's probably important for us to recognize, is that this was sort of a suggested approach as well. We chose to kind of pursue a more aggressive approach early on but I think that that's -- it's worth noting that many other states are kind of approaching it this way. They're approaching it in this fashion by layering these things on.

MR. GILBERTSON: They are, and in fact one of the things that we have to do this month is report back

to ONC and update our Strategic and Operational Plan. The reality is our S&O Plan that's been approved by ONC is this layered approach. I mean, it basically says that we were going to do secure messaging first and then we were going to add these other things. So we're still -- this -- changing this approach actually gets us more in line with our currently approved S&O Plan.

MR. STEVE CASEY: Scope creep is very common in IT projects especially as complex and as important as this one. I know DSS has faced it a number of times. Most agencies in the State have. And so I think going back to square one, just biting off what we can chew makes a lot of sense. I remember a meeting across the river, I think it was on 10 Columbus Boulevard, February a year ago, where ONC was in and they said secure messaging is what we want you to get done by August and that was our goal at that time.

And so to get into document management and single sign-on and all these other nice to have but not essentials, I think it's important to follow what our customers want. And if you have a sense of where the customer's need or have added value where we can provide added value to the customers and the people around the table who represent the hospital and medical community

concur, I think that's the way to go. We have limited resources.

MR. GILBERTSON: We do, we do, thanks. So I did throw out one --

CHAIRPERSON AGRESTA: Dave, Dave I think you have a question.

MS. KELLEY: I just have a question. I agree with you but my question is, are we hearing from our users that that's what they want and are willing at this stage to pay for the secure messaging piggybacking on Steve's comment?

MR. GILBERTSON: What I'm -- I haven't had a chance to talk to all of our stakeholders. I know from DSS from the Commissioner's perspective, that's where he wants to start especially in the duals initiative and some of the things we're working on.

I know the hospitals have seen this and have indicated that if we can hit their price point they're in with this strategy. We have to give them a price that they think is -- that they can afford. I do know that they need to know that number in the next week or two because they've got to build it into their budgets. And then -- you know, then if we can get -- and again, I think the other concept that I think is important to know,

these kinds of projects are up-front capital investments. The return on investments are often three to five years.

So trying to get a hospital to pony up money now for a benefit that they understand will come in three to five years requires two things. One is they have to trust that you're going to deliver and two, they have to have enough of a forward thinking mentality that they're not just fighting today's fires that they're willing to put money into something that is going to give them a payout in three to five years not necessarily today. That's a tough message for insurance companies, that's a tough message for everybody. But the reality is, that's what this is.

An HIE now is an investment today for where we want to be in three to five years from now, it's not an investment in terms of I am going to save money dollar for dollar starting the day I turn this thing on. It's just not going to happen.

MS. KELLEY: I just want to say that I think this is fantastic. I think this is exactly where we need to be going. It also -- from the perspective of the policies, it also gives us time to do the public education, the consent, all those things right. We can collect consent for a year before we start the way New

York did to get things in place. We have time to plan thoughtfully and build the resources to do it right. I thinks is phenomenal.

MR. GILBERTSON: Okay, I'll throw this out because I think there's potentially an opportunity to go ahead and still leverage some of the technology stack that's been built. There's pros and cons to it, but if we could say that there's a limited scope pilot where we -- if we know that Middlesex County for example has a lot of really forward thinking health care organizations that we can put this in place where we set it up such that HITE/CT is focused on -- to release one strategy but this technology stack which we've already built and purchased we can make available with limited support from HITE/CT to Middlesex County to exercise maybe more capability, they can figure out how they want to maintain provider directory, they can figure out how they want to maintain the MPI, they can figure out consent process -- you know, give them that flexibility if they're willing and if they're willing to do that.

It's just an idea of how do we not necessarily -- how do we take advantage of what we've done but not focus on that, focus on the new strategy but allow that to happen in parallel. So it's an option, there's

pros and cons to it. I'm not saying we should do it. What I'm saying is it's -- there's a lot of appealing things to that but there's some risk and the risk is it does require some special participation agreements, financial and legal and operational support clauses that we would have to put in place in that pilot.

DR. STEVEN THORNQUIST: I'm a little concerned if I may, that the stakeholder benefits for various physicians are significantly diminished by this. We don't need the provider directory that much, what we need more is the patient information access and that is a much later wait now. That is going to significantly impact physician participation and perceived value.

We're not going to necessarily be the biggest piece of your funding pot but it is someone -- it's a group you need buy-in from. And I'm concerned that they're not going to perceive enough value from it. I also realize we have to live within the reality of the real world that we live in and that right now we're not going to get a much higher functionality in a time that's reasonable with the amount of funding we have available. So we do have to get something on the ground going so that people can get some funding in so that there's actually a service we're providing.

I do understand that, but I would caution that you cannot wait too long for at least that third tier because the third tier is for the physicians what the provider index is for the hospitals.

MR. GILBERTSON: Right.

DR. THORNQUIST: That's the step we really need to have.

MR. GILBERTSON: I agree, I agree. What we will be able to offer in the first release to provider physicians out there is the ability to exchange information with hospitals, the ability to get notifications of admissions, discharge, ED visits -- you know, communicating with insurance companies, responding to care management --

DR. THORNQUIST: But again, I would have to know that the patient is in the hospital to go find a record.

MR. GILBERTSON: No, you would get a notification that says that.

DR. THORNQUIST: Okay.

MR. GILBERTSON: Yeah.

DR. THORNQUIST: Yeah, like the hospitals buy into this then they would send you automatically -- you know, could send you automatically a notification that

they're in --

MR. GILBERTSON: Right.

DR. THORNQUIST: -- along with -- you know, now most of us receive an emergency room fax that the patient is in the emergency room or visited the emergency room. This could arrive through a simplified fashion in a more organized way that could be digestible by an EMR that currently our faxes do not permit us to digest in a substantial way. So it could offer us benefit --

MR. JOHN LYNCH: Couldn't you have the MPI cross link to the provider directory to know which provider to send the patient's data to?

MR. GILBERTSON: That would be ideal, but right now what would happen is the hospitals would have the patient -- the patient's primary care provider would be registered and the hospital would then have to know what that -- how to route that message back to that provider. So there's work to be done John, no doubt.

I mean, this is not simple but what I'm saying is that there is way to give value to the single office or two or three physician offices. It's not as much value as being able to go in and find information on your patients, absolutely, I agree with that. But I think there are things we can do in the early release to still

add value, sort of that crawl walk run approach.

DR. THORNQUIST: Right, I understand that and I understand that that's the paradigm we're forced to deal with but I would -- because the problem then becomes A, you have to know who the doctor is and a patient self-identify as affiliated with some other doctor or some way of tracking that and it leaves the specialist completely out of the loop.

MR. GILBERTSON: Right, there are operational challenges. I mean, that's true. Okay, any questions on this?

CHAIRPERSON AGRESTA: The time making should that we get to all the things? I want to make sure --

MR. GILBERTSON: Yup.

CHAIRPERSON AGRESTA: -- we get to your specific recommendations that we might need to take action on.

MR. GILBERTSON: Well I -- you know again, my recommendation but again, I'm not -- I'm open to whatever you guys want to do. You know, I think if we can define the limited pilot and we can set it up in such a way that it does not become a distraction to our primary effort that it's worth doing at this point because we've

just invested so much in building it. If we can exercise it I think we'll learn a lot more about what we need to do on an enterprise level from that experience.

And we may actually start to figure out some of these operational issues on -- as we go instead of just shelving them and trying to figure them out. The priority still has to be getting that first layer out. If we have to then look at the adoption strategy --

DR. MULLEN: You made that recommendation and then farther down we're going to have the report of the Executive Committee where this was discussed at.

MR. GILBERTSON: Yup.

DR. MULLEN: So I just want to be sure that this report doesn't lead us to the thought that we're going to take some action on your recommendation before we reflect the conversation in last week's Executive Committee.

MR. GILBERTSON: Correct.

DR. MULLEN: Perfect, thank you.

MR. GILBERTSON: We have to leverage the BACs and the RECs. We have to figure out in the hospitals to reach the physician communities. The reality is that these networks already exist. The hospitals have communication and connectivity to provider networks. The

large provider groups have it. There's the RECs. The BACs have, you know, this community of contact to these physicians. They have to become really the agent when we start talking about connecting people to secure messaging or direct or whatever.

There's -- our marketing strategy has to leverage all those resources that are already in our community that already are touch points for these physicians. We don't want to recreate that network, we don't have the resources to go out and talk to every physician and get them on board. We really have to leverage the resources that are already in place in the State. We're still working with Medicaid on the provider ASO and potentially moving some information in claims to their analytic engines. And then I think we need an early Public Health use case that we can implement in release one. And then I've been approached by Behavioral Health, the prison care system and the EMS that have very specific needs that can be addressed with release one. So I think those are really early wins for us. Initial timeline depending on what's been approved, and then the rest are backup slides which I won't go into.

So that's pretty much it and if there are any questions -- again, the Executive Committee did talk

about this and so we'll wait for that report and see what your recommendations are.

CHAIRPERSON AGRESTA: Alright, any other HITE/CT agency business?

MR. GILBERTSON: I did briefly want to mention a couple of things. Chris Kraus has been very, very busy. She has worked on the website and does have the website almost ready to go. It actually is ready to go I think but she's going on vacation for two weeks and she's the only one that knows how to do anything with it. So we're not going to go live with it till she gets back.

We've worked on a -- we do have an RFP ready to go out for our accounting and financial services RFP. And we've been working very hard with our HR to stand up our HR manual and a lot of things that we need to be legal in terms of from an HR perspective. We went through today our first on-boarding of a new employee so all of the forms and all the processes and etc., were exercised. We do have a 401K program now set up and a 457 program, and we do have -- but anyway, so she's been doing a lot of work and I'd just like to recognize the work that she's been doing and making good progress.

CHAIRPERSON AGRESTA: Alright, thank you. She's going on a well deserved vacation. And I think that

the 401K plan and others were permitted because of State legislation that passed --

MR. GILBERTSON: Yup.

CHAIRPERSON AGRESTA: -- and do we want to just briefly mention what the impact of that is so that everyone is aware? That was something that was at a Board meeting in the past.

MR. GILBERTSON: It was exactly the language that came out of the Board meeting, is that the HITE/CT employees do not have to be part of the State Employee Retirement System. So we are --

MS. BARBARA PARKS-WOLF: Just a question on that. The legislation allows us to make either decision or --

MR. GILBERTSON: No, it basically says we're not part of --

MS. PARKS-WOLF: -- so we can't --

MR. GILBERTSON: -- I don't think we can, based on the way it's written. It basically -- it says we are not State employees and are not -- it took out the word -- what Bruce got tripped up on was really two words, not classified. He took that out. That was the only thing that says well, that's a term that's used to describe types of State employees so if they're not

classified they must be unclassified, which is still a State employee category. So that was taken out so that's --

MS. PARKS-WOLF: So we can only go in one direction then. I just wanted to clarify that in my mind.

CHAIRPERSON AGRESTA: That's correct. But it did clarify things and it permits us to utilize the approach that we had recommended as a Board, so.

MR. GILBERTSON: Right. And you know, there was the other -- the other issue that came up of course was the issue of -- I think the original was the one Bill about consent. What came out of that was, there's an additional reporting requirement every year when we submit our annual report to address the issues around consent and notification and how we're dealing with that.

So that information will be reported to the Legislature annually so that they can keep track of what we're actually doing.

CHAIRPERSON AGRESTA: Alright, thank you David. We're going to go on to Committee reports now and the first Committee report is Executive Committee but I'm going to wait until Dr. Mullen comes back and can join us for that so we can kind of talk about the Executive

Committee meetings that we had.

So perhaps we can move to the Finance Committee.

MR. CARMODY: So, the Finance Committee -- so we had sent out -- and we had Ed Tierney, who is an intern who's been actually been helping us as well as Chris, we actually had -- you know, we sent out a variety of financial policies that -- again, what we did is we took what was provided to us by the ONC. We modified them to make them HITE/CT specific. We've had a couple of different review sessions. Basically there was about -- I think there were approximately 18 policies. Two months ago you approved I'll say the first cohort of policies. And what you're seeing now and what we sent out was sort of the second cohort.

We reviewed them as a Subcommittee. We worked with David on those and so my recommendation is, is for you guys to -- if you feel comfortable I'd like to make a motion that we approve the policies as presented. And what you'll then see is us to continue to go through the last cohort of policies, which will probably be next month that you'd see the other next phase of those, so. But they're out for the -- were sent out for your review if you've taken an opportunity to take a look at them.

They're pretty straightforward. Like I said, what's nice about the policies is that they were used within another HIE prior to us so they were road-tested.

And they'll again, continue to put structure to how we can make the financial semblance of it. We've also been working very much with David on the outsourcing piece and how they're structuring the RFP. And we've been going through a variety of reviews on the budget as well as making sure that we're -- we have a forecast for the cash flow, and so we've been working through it. So I make a motion that we adopt the financial policies as presented.

MR. CASEY: Second.

CHAIRPERSON AGRESTA: Any discussion? So Meg, did you get that Dan --

MS. HOOPER: Yes sir, and is that for all the policies?

MR. CARMODY: Yeah, I think there were five of them, there were five or six.

CHAIRPERSON AGRESTA: Six I believe.

MR. GILBERTSON: Yup.

CHAIRPERSON AGRESTA: And Steve --

MS. HOOPER: And that -- was that John Lynch that seconded?

MR. CASEY: Casey.

MR. GILBERTSON: Steve Casey.

MS. HOOPER: Got it.

CHAIRPERSON AGRESTA: Any discussion? All in favor say Aye.

VOICES: Aye.

CHAIRPERSON AGRESTA: Any opposed?

MS. KELLEY: Can I abstain? I haven't read it so I don't feel comfortable.

CHAIRPERSON AGRESTA: Any abstains?

MS. KELLEY: Yeah, I'm going to abstain.

CHAIRPERSON AGRESTA: Brenda is abstaining because she hasn't had a chance to read it.

MS. HOOPER: Right.

CHAIRPERSON AGRESTA: So the policies pass. Any other Finance Committee updates?

MR. CARMODY: No, I mean again, we've been trying to do a blending of the budget and we've had a lot of conversation around making sure that the budget that we need to adopt is cohesive and -- David, so where are we at on -- I know we were going to present the budget or -- I know we presented the cash flow.

MS. HOOPER: Dan, are these policies ready to be posted on the web?

MR. CARMODY: Yes. I mean now that they've been adopted, yes.

MS. HOOPER: Thank you.

MR. GILBERTSON: So the budget we have -- we have a budget that is ready to be adopted. It's been through the Finance Committee, I don't know that it's been sent to the Board yet. So we can wait till next month to do that --

MR. CARMODY: Okay, so that would be good.

MR. GILBERTSON: FY '13, which is July 1st. So we have next month to approve that.

MR. CARMODY: So again, we've been operating under a budget that we already had so we're executing on that with employees and staff. We've been going after that budget significantly, making sure that we had -- making sure where accounting is best as possible as we've changed scope and whatnot, so hopefully we'll have even more updates to that. And maybe what we can do is to make sure that we get that out, you know, at least a week ahead of time so that people can take a look at it and question it and see where we can go from there.

MS. PARKS-WOLF: So this is the budget for the next fiscal year.

MR. CARMODY: Yes. I think that one of the

things that will come out of it is again, where are we at with State bond money, where are we at with any modifications to any of the contracts that we hold, as well as DSS and any other revenue sources. Again, this is a complete budget so it's the revenue piece as well as the expense piece.

So the expense piece, I won't say it's more straightforward but we know what our expenses are as far as our run rate. You know the real -- what we need to tie down are the things that we've been talking about that will lead straight into this conversation on this. Okay, so what is our product, who are our customers, and then we'll have to get into the conversation around -- you know, what we're going to charge on this. Those are the small issues.

MS. PARKS-WOLF: And when the budget is presented it will be annotated so that the readers will be able to understand what is going into the line items?

MR. CARMODY: Yup.

MS. PARKS-WOLF: Great.

MR. CARMODY: I'm going to look at David, but the answer is yes. You've laid it out so that you can see -- a lot of times when he's presented the budget there's a summary overview that shows the revenues,

there's line items for the expenses, thoughts around the adoption rate. So again, all of the conversations that we'll now go into next which is, you know, when do we anticipate some of these implications on revenue and the rollout of the pilot, all of that needs to be presented to you, so.

MS. ELLEN ANDREWS: Can I ask that we get it well ahead of the meeting just so --

MR. CARMODY: As I said, at least a week ahead of time.

MS. ANDREWS: At least, okay.

MS. KELLEY: And this -- is this something that's already developed that we haven't seen?

MR. CARMODY: No, you've seen it. I mean --

MS. KELLEY: Well, let me just -- okay, let me just then tell you what my question is. Because we're talking about changing our phasing and I would think that if we are changing -- whatever decision we make, which we haven't made one yet, you know based on David's report, would affect the budget.

MR. CARMODY: Yes.

MS. KELLEY: So then it won't be probably what we've seen before.

MR. GILBERTSON: Well, it will to some extent but I think what I asked is that we approve it as-built so we can operate next fiscal year and then we make adjustments based on our decision.

MR. CARMODY: So -- but to get to your point, what you'll see is something -- it's a document that you've seen before. So, I mean it's the detailed budget that we normally have. It's been updated for some of the challenges that we've had around -- what do we want to project for legal expenses, what do we want to project for FTE. So that will not have changed.

What you'll probably start to see are some of the questions on the revenue side. So what can we anticipate for working with DSS, what can we anticipate if at all on State bond money, what we can we with this -- if we move to a new scope, you know, what would we then think about in terms of the customers that would roll into that, the revenue generated from that. And again, what I would say is you'll -- we'll have a budget. You know, it will be a framework to a conversation but then it's going to have to iterate as these other conversations with the constituents take place.

And I think we're going to get into what's possible and what's probable and where do we think -- is

this a good reflection of what we think is a realistic budget.

MS. KELLEY: Okay, thank you.

CHAIRPERSON AGRESTA: Okay, anything else from Finance?

MR. CARMODY: Nope.

CHAIRPERSON AGRESTA: No, okay. We want to move back to the Executive Committee, so -- do you want to Co-Chair this discussion?

DR. MULLEN: Well, I'll interject. I'll just ask you to reflect last week's discussion as you do every month, how's that?

CHAIRPERSON AGRESTA: Okay. So the Executive Committee did meet three times since the last Board meeting. Our initial meeting was really to look at what the Board had asked us to start to do with David, which was to look at, you know, the punch list and what was still needed to accomplish in order to actually achieve go-live and to understand that process a whole lot more substantially, as well as to kind of review in more detail our actual progress to date and to understand what the challenges were with proceeding with sort of go-live at different levels.

The second meeting was to follow-up on

those issues with a recommendation from David about how we should proceed given the knowledge that we were running behind schedule and having challenges with our budget. And David did at that point start to describe the framework for what he presented to us earlier in today's meeting. And from that meeting we really asked for a follow-up meeting to digest what we had heard, think about how we wanted to proceed from a recommendation and discussion at the Executive Committee, and then figure out how to bring that back to the full Board in the context of, you know, what we had kind of understood now to be our challenges in real context and also our opportunities.

DR. MULLEN: Was that the meeting where we spent about an hour on the phone with Claire Battasola (phonetic) two weeks ago?

CHAIRPERSON AGRESTA: Okay, so there was separate -- in that second meeting, yes.

DR. MULLEN: But -- so we had -- we spent about an hour on the telephone with the project officer for the DPH HITE grant along with Battasola, the project officer to the REC, talking about our status. And that informed a lot of the subsequent discussion for that second of the three meetings and prompted us to decide we should hold a third meeting, which is the one that we had

last week.

Are you following me? So that -- okay, so that was very informative as well because it gave us a chance to reorient ourselves to a lot of the status that David described in very good detail that we find ourselves in. Now, give us a frame of reference based on what the ONC has articulated in the past and most recently to us and a number of other states that have been very ambitious but falling short of their goals. And within that conversation we also talked about the fiscal challenges and tried to orient ourselves around what was achievable given the lack of a secure revenue stream beyond the $7.29 million over four years and talk to them as well about having a realistic plan that fit within what up until now continues to be the grant from the ONC, the four year grant, okay.

So that was important for us to hear and important for us to hear from them that, you know, what they're looking for now -- what they're looking for now more than anything is the secure messaging direct as they stated. And I believe that you had another follow-up conversation with Meg and Claire after last week's Executive Committee meeting. So it was based on that second meeting that we said -- we asked David to come back

because having had that full conversation with the project officers who also pledged to spend some more time communicating with both us -- in fact they're willing to be on a call with us and with the REC, that they would also figure out a time that they could talk with us and the REC together to continue to facilitate this project for both sides.

So with all that information we said oh well, if this is an emergency meeting let's have another one. So we asked David to come back with recommendations for us for last week, the 14th, whatever the date was, so that we as an Executive Committee would be able to come to you today giving you this progress and some notion of a recommendation from us to go forward with.

CHAIRPERSON AGRESTA: Very well said, and I can say that it was extremely helpful to have both parties so that the ONC -- on the phone at the same time. And they are believing this to be a partnership and they are willing to work with us to make sure that we're trying to meet the goals and needs of Connecticut not just the goals and needs of the ONC. They really do, I think, see that as important.

So at the last meeting David presented his proposal as we see here along with the pros and cons and

we had a robust conversation I think back and forth about all of the various pros and cons and what the implications were, not just to HITE/CT as a HITE/CT organization from a fiscal perspective, but what were the implications to HITE/CT as an organization that had to go out and try to help facilitate and help information exchange in the State and had to actually collaborate with a number of other stakeholders to ensure that their needs were also being met and synchronize those needs including the needs of the primary care providers that are served by the REC, including the needs of hospitals and specialists that work with the State Medicaid program to their EHR incentive program, including the needs of the hospitals, etc.

And going through all that, trying to understand how we fiscally do that in a responsible manner and how we do that in an operationally responsible manner. And I think that those two key elements, the fiscal responsibility and the operational responsibility, led us to have a fairly robust conversation about the different models that David had presented as options. And I think he did a very good job of presenting the options to us and telling us the pros, the cons and what his recommendation would be to us. But I think that the Executive Committee kind of really felt strongly that we needed to scale back

and probably take on these -- not necessarily the blended approach but really sort of get the secure messaging up, get ourselves actually operational and move forward with the understanding that we would revisit that blended approach as time and resources permitted.

And there was a lot of conversation back and forth. It was not -- you know, this was not an easy set of decisions but that's what the Executive Committee sort of suggested. But we also recognized that we wanted to bring that back to the full Board, have the presentation made that David had made to us, have an opportunity to talk about it, and then have the Board have an option to kind of hear about it, make suggestions and perhaps make a recommendation as a full Board.

DR. MULLEN: We can't make a recommendation as a full Board unless you have a financial model and a plan because -- well, for a couple of reasons. When it came to the Executive Committee last week it came without our having talked about it the week before, so we weren't anticipating it. And when it was presented as a third option, go forward, scale back to just direct or do something blended, one of the things that was suggested at that time was that the stakeholders who we didn't know thought they were farther along with Axway would have to

pick up the rest of the costs associated with that because -- and, we would have to figure out for all of the things that we talked about last week that we weren't ready for such as for more insurance and all of the other business and operation plans, they would need to be in place even for a pilot.

I believe that was part of the discussion as well, so if that was part of the discussion we have to put that out there in a way that -- I don't think we have answered any of that, that we could -- that I could as Board Chair ask for a recommendation unless the recommendation gives us all that information and a budget for how that's supposed to work, and a timeline. I don't know how we could do that.

MS. KELLEY: Just a question. Is that for both options or the blended option?

DR. MULLEN: That's for the pilot. That's for the piece with the pilot.

DR. MULLEN: That's for blended --

MS. KELLEY: But do we have the financial plan and the model for the other option?

CHAIRPERSON AGRESTA: The scaled back option you mean.

MS. KELLEY: And also what the -- there's

two options. I mean if I'm understanding this correctly, there's two options. The first option is the phased approach with concentrating on secured messaging and taking it from there after we've seen that we can do that. And then the second approach is the blended approach, which is the same thing with regard to the secure messaging but having a small pilot that would test some of the things that we've been working on, you know --

DR. MULLEN: Well, that we're not ready to do.

MS. KELLEY: -- that we're -- well, yeah. I mean, but the point -- but that's a second option.

DR. MULLEN: Right.

MS. KELLEY: I'm not going to say that we're not ready to do it but -- because I don't know.

DR. MULLEN: Ahum.

MS. KELLEY: I mean, I know what you said and I tend to agree with a lot of it. But what I'm saying is, is that -- and I gather that what I'm hearing is that the Executive Committee is recommending the first approach and that David was leaning more to the second approach. And you're saying we need a plan, which I don't disagree with. I'm wondering how we're going to get said plan.

DR. MULLEN: Right.

MS. KELLEY: But I would think we need a plan for both approaches because I don't feel comfortable quite frankly given, you know, my track record with this Board and before this Board with similar kind of experience when I was on the Board of e-Health that had been struggling, you know, for years to do something that I know what the plan is even for the first one.

DR. MULLEN: Ahum.

MS. KELLEY: And, you know, I think that a lot of -- and I'm not trying to be critical of anyone because I've been a part of this so I'm critical of myself as well. But I think a lot of resources have already been spent --

CHAIRPERSON AGRESTA: Right.

MS. KELLEY: -- and decisions have been made that we're in some respects stepping back from maybe with good reason. But I'm not feeling comfortable that I feel I'd want to vote on either model without knowing, you know, a little bit more than I know right now.

DR. MULLEN: And I agree. I feel the same way. So more than anything I'm trying to pull us back from thinking we're moving up to asking you for a recommendation because there's -- if we've had three meetings in the prior three week --

MS. KELLEY: That I will agree with.

DR. MULLEN: -- right, then there's a lot of -- that we owe you in terms of catching you up on all of that.

MS. KELLEY: Right.

DR. MULLEN: And that's what this is about. And we're going to be going into executive session further down the agenda --

MS. KELLEY: Yeah.

DR. MULLEN: -- hopefully not too farther down the agenda, to get into some more of the meat of that discussion.

MS. KELLEY: So we're not asking -- you're not asking us at this stage in the meeting for a vote on either one of those recommendations.

CHAIRPERSON AGRESTA: No.

MS. KELLEY: Alright, well then I can live with that.

MR. GILBERTSON: But we don't have a lot of time.

MS. KELLEY: Hum?

MR. GILBERTSON: We don't have a lot of time.

MS. KELLEY: Right.

MR. GILBERTSON: So --

MS. KELLEY: No, that's -- I understand that as well.

MR. GILBERTSON: -- we --

MR. CARMODY: Well David, let me ask you this. So you're right we don't have a lot of time, but what I think is the impression that we have here that when we say you changed direction while we still are refining what ultimately we'd agree to it's -- we're not executing any further on the original plan that we have. At a minimum we have to at least acknowledge that we're not -- you know, you're not working towards trying to roll out what we originally had set out. So whether we scale it back to a blended version or just doing the direct, we're not executing any further on what was originally laid out.

DR. MULLEN: So I think -- may I suggest that we get through the rest of the Committee reports and go into executive session to address some of this, okay, and have the whole conversation?

MR. CARMODY: Well, I mean the only thing we have to be careful on is when we go into executive session it has to be for a very specific reason. So unless it's put into the context that we're discussing, you know, a personnel matter or a contract or something

specific so we can't go into --

DR. MULLEN: Yeah, thank you. It's written --

DR. THORNQUIST: It actually says for the purpose of discussing changes to the --

MR. CARMODY: Okay.

MR. GILBERTSON: Well mainly, the only concern is that we can go into executive session but if we do -- there is a -- if we determine in executive session that there needs to be a vote to do something we have to come out of executive session.

MR. CARMODY: Then we have to come out of executive session.

MR. GILBERTSON: I don't think doing nothing at this point, leaving this room without a decision is really going to help at this point because we have to --

DR. MULLEN: How about if we finish the Executive Committee report and vote yes to these and have a full conversation, okay?

MR. GILBERTSON: Thank you.

CHAIRPERSON AGRESTA: Alright, so I don't think there's any other components of our Executive Committee Board --

DR. MULLEN: Thank you.

CHAIRPERSON AGRESTA: -- so we can move on to the Legal and Policy Committee report. John, can you hear us?

MR. LYNCH: I couldn't.

CHAIRPERSON AGRESTA: We are moving on to Legal and Policy Committee report.

MR. LYNCH: Legal and Policy met on May 2nd. We're grappling with a number of issues, we revised the Participation Agreement. We just this afternoon received back legal counsel's revision to the Participation Agreement and we went on to look at some of the consent forms and really got hung up with a lot of the workflow issues.

The language is not at a level that is -- the consumer can necessarily understand. We need to revise a lot of that material so that the consumer gets more -- like a fifth grade level of English and get it so it's much more understandable to the consumers and we'll be continuing to take up that information at our next meeting on June 6th.

CHAIRPERSON AGRESTA: Okay.

MR. LYNCH: That's my report.

CHAIRPERSON AGRESTA: Any comments,

discussion? Alright, move on to the Special Populations Committee report.

MS. KELLEY: Yeah, at the -- first of all I was thinking about something else when the minutes were adopted. In the last minutes it said that Brenda Kelley reported that the website was going to be up in two weeks.

And I -- you know, I'm not asking to go back and vote on the minutes but at the last meeting I think what I did say was that the work on the website and the consumer brochure and a potential consumer video was really being led a lot by Chris with a working group of the Special Populations Committee, a smaller working group of the Special Populations. And I think you hoped that it would be up in a couple of weeks, alright. We know it isn't up and -- but Chris is working on it and has sent out a lot of -- she's continued to keep people informed throughout about how this is looking and getting feedback, which you consistently get from a small component of the Special Populations Committee.

And the -- our goal, and I met with Chris last week, was to have -- the last time we met as a Special Populations Committee was in April, I think it was April.

MS. CHRIS KRAUS: You'd have to look it up.

MS. KELLEY: No, no, I'm sorry. The last time we met was in March and we had stated at that meeting that our next meeting would be in a couple of months to allow this working group to continue to do their work. So Chris and I had spoken about having a meeting of the Special Populations Committee on the 28th of June at 3:00, and I don't think that's been officially announced yet is that correct?

MS. KRAUS: They'll go out in the next day or so.

MS. KELLEY: Alright, well that was before the information that had been shared here. But my feeling is that even with -- you know, I'll have better feeling after I hear the Executive meeting, but is that we did need to take -- to have at a minimum to have the Special Populations Committee be brought up to date on what's going on and what has been decided.

And ideally to also approve the consumer brochure that a lot of work has gone into, and also the consumer sections of the website. So that was the reason for calling the meeting on the 28th. The reality is, is that that may change based on what we decide. I still think we need a meeting to update people on what's going on but the content of what that will be, I think depends

on what we decide to do, okay. But that's what -- that's my report. The only other piece of the report because some of you know this and others of you do not yet, is I made a decision in April. I informed AARP that I will be retiring at the end of June. That was the other reason for the timing of this, as State Director of AARP.

I've been here 13 years; I opened the first office of AARP in Connecticut. And quite frankly, I thought I'd be here a lot longer but as I think you know my husband has been very, very ill. It's a prime example of why we need what we're trying to build here. And I just decided in the best interest of AARP and myself that it was time to concentrate on personal stuff and I am reaching that magic 66 tomorrow so -- I never thought anybody would applaud. AARP has a tag line that says -- AARP loves birthdays, so I guess they love my birthday too. So I have made that decision as the State Director of AARP. Now, I have not made a decision around this Board quite frankly because I wasn't appointed to the Board as a representative of AARP.

So I'm still -- I have -- I'm still wrestling with that decision and it's a combination of my own decision and also talking to people at AARP about what would be appropriate from their perspective. But I am

resigning as the State Director of AARP and they are in the process -- and I did send this out last week to a number of you, but I'm going to make a broader more official announcement to people like you Commissioner Mullen and so forth, that AARP is in the process of a search. And I do have the search announcement information that I'll make certain gets to this group. And they're doing it both internal to AARP and external to AARP.

So if you know of anyone that's interested, and the position is an excellent position in terms of what you get to do because AARP is a very powerful organization, but also in terms of the way you're paid and the benefit package, which is pretty close to what State employees get in terms of pension, matching 401K, all sorts of things, so. I'll be sure that I talk to -- who's sending the -- I don't want to just send it to the distribution list. Whose job is it to get things out to people? Chris, is it -- I know you're going on vacation. Would I just send it to the HITE/CT distribution list? Yeah, I will, to make sure you all have seen the announcement and everything.

So I still think we're going to do a meeting of the Special Populations Committee on the 28th to keep people informed about what's going on, but the

actual content of that Chris, I think we should talk after we hear what the recommendation is about how we're going forward.

MS. KRAUS: Okay.

DR. MULLEN: Another good meeting.

CHAIRPERSON AGRESTA: Another, yes.

DR. THORNQUIST: Alright I'm sorry, I apologize, I have to leave. I have a Town meeting I have to help run.

DR. MULLEN: Thank you.

CHAIRPERSON AGRESTA: Thank you. Thank you Brenda, and we appreciate your service to this Board both the time that you have committed and the immense amount of giving that you have given us.

DR. MULLEN: And I'm not saying goodbye. So Meg's name stays on the cake, yours doesn't go on it.

MS. KELLEY: Not yet, not yet.

CHAIRPERSON AGRESTA: Alright, the last Committee report is Technical Committee.

MR. PETER COURTWAY: Technical Committee continues to concentrate on the on-boarding documents and that's the on-boarding for all of these cases whether or not it's just a simple provider directory, whether or not it's direct, whether or not it's a full-blown HIE or the

portal. We anticipate we'll finish that on-boarding document in our next session and we'll be able to present that.

CHAIRPERSON AGRESTA: Okay.

MR. CASEY: One addition, and this might be self-serving but about six months ago I was roped into being the Interim Privacy and Security Officer but now that we have a Chief Technology Officer who's not here and can't object, I was wondering if it would be appropriate for me to make the motion to make John DeStefano the official Privacy and Security Officer for HITE/CT?

MR. CARMODY: I second that.

MR. CASEY: No, I'm just asking if this is proper --

CHAIRPERSON AGRESTA: Is it okay David, do you have any thoughts about that in terms of -- no.

MR. CASEY: So moved.

CHAIRPERSON AGRESTA: That's fine, I was wondering the same thing.

DR. MULLEN: Is there anything in the statute that dictates --

MR. CASEY: Nothing in the statute.

DR. MULLEN: -- nothing, you checked --

MS. HOOPER: Hold on, where's the motion

and the second?

MR. CASEY: Um, Casey and --

MR. COURTWAY: Dan --

MR. CASEY: -- Dan seconded.

MS. HOOPER: And this is to -- can you say exactly what you're voting on?

MR. CASEY: To make John DeStefano the Chief Technology Officer, the Privacy and Security Officer for HITE/CT.

MS. HOOPER: Thank you.

CHAIRPERSON AGRESTA: And I think we raised -- the Commissioner raised the question and I have the same question in my head, is there any reason that that functionally can't happen? Does it need to be -- you know, is there any -- and I can't think of anything myself, but we may --

MR. CASEY: It's a Federal requirement --

DR. MULLEN: Right.

MR. CASEY: -- I mean responsibility, not a State legislative requirement.

DR. MULLEN: Right, but the other thing I just wonder about, you know I try to think of all these different dimensions --

MR. CASEY: Yup.

DR. MULLEN: -- is we deal so much with the issues around privacy and security that I wonder whether or not for the benefit of continuing to demonstrate that we're as objective as we can be around those functions, I wonder whether or not it might be more reassuring to the public if it's a separate person. I don't know, I'm just --

MR. CASEY: If you want to --

DR. MULLEN: -- I'm looking over to --

MS. KELLEY: I feel this -- well, I also feel -- I was going to say that.

DR. MULLEN: I don't know.

MS. KELLEY: I'm not -- Ellen has my avid opinion. My other question was David's opinion because I'm wondering what the capacity of the staff is at this point to take that on. And I think by not having someone on the Board on it, you don't have the check and balance that might be a good thing to have. But I also was just thinking of the capacity.

MR. GILBERTSON: Yeah, especially when we get into full production it's a big job. There typically is a separation of duties between security and privacy and the technology folks because you're right, it's sort of that accountability conflict of interest that's potential.

So I don't -- I think it's okay but I would not say that we have the staff necessarily yet on board to do that. Right now it's fine because, you know, we're not operational. But it's going to become -- at some point we're going to need to staff that properly and you do want to have a separation of duties.

MR. DeSTEFANO: Steve, good try.

MR. CASEY: Pardon?

MR. DeSTEFANO: Good try.

MR. CASEY: No, I mean if the Board wishes to postpone this we certainly can postpone it -- just put it out there.

MR. CARMODY: Well you really -- let me ask -- the question I would have is, is it really a Board member to be in that position? I don't think it is. I think it's an operational function.

MR. CASEY: Absolutely.

MR. CARMODY: I agree that there's a separation of duties, I mean, is it taking an inordinate period --

MR. CASEY: It's taking zero right now, but I do see it as we start ramping up into operations that it will take a tremendous amount of time and responsibility.

MR. DeSTEFANO: It sounds like a question

to be discussed.

CHAIRPERSON AGRESTA: Yeah, I mean --

MR. CASEY: Let me remove the motion and we can take it up next meeting.

MR. DeSTEFANO: Yeah.

CHAIRPERSON AGRESTA: Yeah, maybe having a better understanding of what it really entails and trying to then decide on the best solution based on what it entails because it may end up being, you know, that the solutions that are out there -- there's a third or a fourth solution is actually the best process.

MR. CASEY: Okay, it can wait. I'll remove the motion and we can wait till next time.

CHAIRPERSON AGRESTA: Okay.

MS. HOOPER: Dan, do you agree to remove your second?

MR. CARMODY: Yeah, when somebody removes the motion the second usually goes with it.

CHAIRPERSON AGRESTA: Dan's been just -- it's like a hanging chad or something, I don't know. Alright, that ends our --

MS. ANDREWS: And this is time for other things, can I bring -- this should be a small thing but --

CHAIRPERSON AGRESTA: Yeah, we're done with

our Committee reports. You can certainly bring up other Board --

MS. ANDREWS: -- okay, is it possible that we move off of having all our meetings on Mondays? The Commissioner of Social Services would like to come to this and he has a standing meeting every Monday.

CHAIRPERSON AGRESTA: Actually --

MR. MARK HEUSCHKEL: And I was --

CHAIRPERSON AGRESTA: -- Mark was going to talk a little bit about that.

MR. HEUSCHKEL: -- yeah, I was going to --

MS. ANDREWS: Sorry, I didn't mean --

MR. HEUSCHKEL: -- well, I was just going to announce that he was -- he informed me through our Deputy Commissioner that he intended to make the next meeting. He couldn't make it tonight, but that's part of the difficulty --

MS. ANDREWS: But I mean just in general, does it always have to be Monday because we don't have to inconvenience -- you know --

CHAIRPERSON AGRESTA: I mean, I think we in general made it Monday just simply based on when we were available and then a lot of us changed our schedule to be available. But I don't think there's any specific reason

it always needs to be on Monday. There's no specific reason it always needs to be here or in this -- you know, in this shaped room or with us this far apart from each other. I think what we need to think about over time is what's going to work best? Alright, what would be the best --

MR. DeSTEFANO: Recording though was a key thing, right, is why we're here?

CHAIRPERSON AGRESTA: No, I think it was initially -- I'll just go back historically and say why. I think it was because DOIT at the time, Steve Casey, offered the location and it was convenient in terms of its physical location within the state. And they had the space and they had the availability and it was capable of being set up in this fashion. And I don't think there was any other reason that we had it here as opposed to any other location.

MR. DeSTEFANO: Oh, I thought it was because of the technology.

CHAIRPERSON AGRESTA: No, he brings that in every day --

MR. CASEY: Parking is better than at DSS.

MS. KELLEY: Free is always good.

MR. CASEY: The parking here is much

preferable to the DSS parking situation.

CHAIRPERSON AGRESTA: To add parking -- the parking here is convenient. But I don't know that there's any specific reason Ellen that we have it on a Monday or -- I mean, I think it's reasonable to explore what the options are going forward to meet the needs of the organization.

DR. MULLEN: So it sounds like we should survey the Board about -- I know we've talked about the time, the 4:30 timeslot before. But location -- specifically the issue of the Mondays.

MS. ANDREWS: Or just rotate it, you know?

DR. MULLEN: And I know many people feel that that makes it harder to have a rotating time, but that's the kind of thing that we can put in the survey.

MS. ANDREWS: Ahum.

MS. KELLEY: I also generally feel that it's better to have the person that's appointed to be on the group rather than a designee if you can have that. And so -- and then David alluded and I think a lot of us are aware because of the work we've been doing on other issues in the State, that DSS is seeing a major role for this entity. So I do think the importance of having the -- Commissioner Bremby participate directly is worth the

consideration of when we do it and how we do it.

And I would say that's true of anybody including me. I mean if I was, you know, a representative. But I think it's particularly important because of the role that DSS plays and what they're doing right now on a number of health care fronts. And that's not a criticism of you, it's just -- you know, there's a lot going on. It's going to get more crazy probably, hopefully it won't get too much -- there's a Supreme Court decision coming up so there's a lot of issues going on that I think are very complex. And so I would opt to -- you know, to try to all of us be flexible so that Commissioner Bremby could participate directly.

CHAIRPERSON AGRESTA: So I -- it sounds like we should create survey, send it out and we'll have to figure out how that happens.

DR. MULLEN: Ahum, yup, we'll get that straight.

CHAIRPERSON AGRESTA: Alright, any public comment? No? Alright, hearing no public comment I'd like a motion that we go into executive session.

MR. CASEY: So moved.

CHAIRPERSON AGRESTA: Alright, and the executive session is --

MR. CASEY: Pursuant to Connecticut General Statutes, Section (indiscernible) to discuss the communications privilege by attorney/client relationship relating to the contract between HITE/CT and Axway, Incorporated.

CHAIRPERSON AGRESTA: And who would you like -- we'd like to invite several folks to the --

MS. HOOPER: Is there a second?

DR. MULLEN: Second.

MALE VOICE: I'll second.

MR. HEUSCHKEL: I'd also like to request that Uma Ganesan, who is our Associate Medicaid Director, be included in this as she's in the line between me and the Commissioner if there's no objection.

CHAIRPERSON AGRESTA: Any objections? No objections are noted, so Uma Ganesan is invited.

MR. DeSTEFANO: Meg.

CHAIRPERSON AGRESTA: And Meg Hooper also should be included.

MR. DeSTEFANO: David, can you move the phone so -- next to the Commission just so that the --

CHAIRPERSON AGRESTA: Can we hear again from who's on the phone right now?

MS. HOOPER: Myself.

MS. FOURQUET: This is Lori.

CHAIRPERSON AGRESTA: Who's that?

MS. FOURQUET: Lori Fourquet.

CHAIRPERSON AGRESTA: Lori Fourquet, can we invite Lori Fourquet into the executive session as well please. And John, are you still there?

MR. LYNCH: I'm here.

CHAIRPERSON AGRESTA: Alright, and Dave is dialing out for our legal counsel.

MS. HOOPER: Was there a unanimous on going into executive session?

MR. CASEY: Haven't voted yet.

CHAIRPERSON AGRESTA: Oh, we'll vote. Can we vote on going into executive session as John -- as Steve amended with the people invited, all in favor say Aye.

VOICES: Aye.

CHAIRPERSON AGRESTA: Any opposed, any abstentions? It was unanimous.

MS. HOOPER: Okay, and included are Uma Ganesan, and myself and Chris Kraus and Lori. Was there anyone else?

CHAIRPERSON AGRESTA: We can include Chris if people --

MS. KRAUS: Yes, no?

CHAIRPERSON AGRESTA: Dave?

MR. GILBERTSON: Yeah, you can stay.

CHAIRPERSON AGRESTA: Yes, that's correct Meg.

MS. HOOPER: Alright, thank you.

(off the record -- executive session)

CHAIRPERSON AGRESTA: Okay, and we're back on the record now.

MR. CARMODY: So I will motion that the Board authorize David to engage our attorney and the Executive Committee to start negotiations with Axway to look at core services associated with a provider directory, what was necessary for Public Health reporting and DSS, secure messaging and transformation services as he presented and to report back to the Board of Directors as necessary on the -- on those negotiations to fulfill that contract.

DR. MULLEN: Second.

MS. HOOPER: Was that Dan?

CHAIRPERSON AGRESTA: That was Dan, did you hear the full --

MS. HOOPER: Alright, what I got was authorize David, the attorney and there was something else

--

DR. MULLEN: Executive --

MR. CARMODY: And the Executive Committee.

CHAIRPERSON AGRESTA: And the Executive Committee.

MS. HOOPER: -- to negotiate --

MR. DeSTEFANO: Renegotiate --

MS. HOOPER: -- to renegotiate --

MR. DeSTEFANO: -- the contract.

MS. HOOPER: -- what?

MR. CARMODY: The contract to deliver core services as presented, specifically looking at a provider directory, what was necessary for Public Health reporting, for what was needed for --

MS. HOOPER: Secure messaging --

MR. CARMODY: -- secure messaging, transformation services --

MS. HOOPER: -- with Axway --

MR. CARMODY: Yes.

MS. HOOPER: -- or simply core services?

MR. CARMODY: And then you can put it as examples, so core services as presented and then giving that as examples.

MS. HOOPER: In that specific contract.

MR. CARMODY: Yes.

MS. HOOPER: And to report back to the Board as necessary.

DR. MULLEN: Yes.

CHAIRPERSON AGRESTA: Correct.

MS. HOOPER: Alright I have it, is there a second?

DR. MULLEN: Second, Mullen.

MR. DeSTEFANO: I would assume the Board would finalize the contract.

CHAIRPERSON AGRESTA: The other Board has to finalize --

DR. MULLEN: Yeah, and bring it forward.

CHAIRPERSON AGRESTA: Dr. Mullen seconded, any discussion? All in favor?

VOICES: Aye.

CHAIRPERSON AGRESTA: Any opposed? Brenda?

MR. DeSTEFANO: Motion to adjourn.

CHAIRPERSON AGRESTA: No, Brenda do you oppose?

MS. KELLEY: Yes.

CHAIRPERSON AGRESTA: Brenda opposes. Any abstentions? No abstentions.

MR. CARMODY: Motion to adjourn.

CHAIRPERSON AGRESTA: Motion to adjourn --

MR. HEUSCHKEL: Second.

CHAIRPERSON AGRESTA: Dan motioned, Mark seconded, all in favor say Aye.

VOICES: Aye.

DR. MULLEN: Thank you everyone.

(Whereupon, the meeting was adjourned at 8:07 p.m.)